

2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000069342

Entity Name: HAMMOCKS TRAUMA CENTER, INC.

Current Principal Place of Business:

175 FOUNTAINBLEAU BLVD.
SUITE 1C
MIAMI, FL 33172

Current Mailing Address:

175 FOUNTAINBLEAU BLVD.
SUITE 1C
MIAMI, FL 33172

FEI Number: 65-0856801

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANGELES, BETTY
175 FOUNTAINBLEAU BLVD.
SUITE 1C
MIAMI, FL 33172 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BETTY ANGELES

06/08/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ANGELES, BETTY
Address 175 FOUNTAINBLEAU BLVD.
 SUITE 1C
City-State-Zip: MIAMI FL 33172

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BETTY ANGELES

PRESIDENT

06/08/2015

Electronic Signature of Signing Officer/Director Detail

Date